State of Ohio Environmental Protection Agency

RECEIVED WMD RECORD CENTER

APR -7 1994

George V. Voinovich Governor

Donald R. Schregardus Director

P.O. Box 1049, 1800 WaterMark Dr. Columbus, Ohio 43266-0149 (614) 644-3020 FAX (614) 644-2329

NF

March 11, 1994

American Steel Foundries Attn: J. F. Oesch 1001 East Broadway Street Alliance, OH 44601

RE: EPA ID#: OHD981090418

LOCATION of INSTALLATION: 1001 E Broadway St Alliance, OH 44601

In response to your request of February 1994 the following information has been updated:

Contact: J. F. Oesch

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely, Homas E. Crepeau

Thomas E. Crepeau, Manager Data Management Section Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office



Please rater to the instructions for Filling Notification before completing this form. The mornalion requested here is requested by law (Section 2010 of the Resource Conservation and Section 2010).

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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VIII. Type of Regulated Weste Activity	(Mark 'X' in the appro	opriate boxes.	Refer to Instru	atlons.)	
A: Hazardous	Waste Activity		B. U	Jsed Oil Fuel Act	ivities
1: Generator (See instructions) X a. Greater than 1000kg/mo (2:200 lbs) b. 100 to 1000 kg/mo (2:20 - 2:200 lbs) c. Less than 100 kg/mo (2:20 lbs.) 2. Transporter (Indicate Mode in boxes 1 a. For own waste only b For commercial purposes Mode of Transportation 1: Air 2: Raii	installation for this act at the control of this act at the control of this act at the control of the control o	Small Quantity Extends to Type of Comburate)	Burner [1. Off-Specification A Generator Model D Other Market B Burner - inc Type of Cor 1. Utility 2. Indu 3. Indu	on Used Oil Fuel Marketing to Burner ster dicate device(s) - mbustion Device / Boiler stral Boiler stral Furnace
3. Highway 4. Water 5. Other – specify	2 3	Utility Boiler Industrial Boiler Industrial Furnace Jund Injection Con	9		sed Oil Fust Marketal mer) Who First Meets the
IX. Description of Regulated Wastes (U					
1: Ignitable 2: Corrosive 3: Reactive C (D001) (D002) (D003) (C	Coxicity Characteristic CO000) (Ust specific is D 0	EPA hazzericia wasse n	umber(s) for the Thoda	y characteristic contamin	
B. Listed Hazardous Wastes. (See 40 CFR 1 2 7 8 8	9	10		2 waste codes.) 5 11	6 12
C. Other Wastes. (State or other wastes required in the state of the s	a handler to have ar	n I.D. number. So	ee instructions.)	5	6
I certify under penalty of law that this d accordance with a system designed to submitted. Based on my inquiry of the po- gathering the information, the informa- complete. I am aware that there are sign imprisonment for knowing violations.	erson or persons who	manage the sys	roperly gather stem, or those p	r and evaluate t persons directly	the information responsible for
Signature Hours	Name and Official Tr			Date Signed	Street and the street
XI. Comments	•				.
	18 1			<u> </u>	
Note: Mail completed form to the appropriat	le EPA Segional or State	0.00			

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X. Description of Hazardous Wastes (continu	ed from front)			
A. Hazardous Wastes from Nonspecific Sources. Enter t from nonspecific sources your installation handles. Use	the four-digit nume additional sheet	nber from 40 <i>CFR</i> Part s if necessary.	261.31 for each list	ed hazardous waste
1 2	3	4	5	6
7 8	9	10	11	12
B. Hazardous Wastes from Specific Sources. Enter the f specific sources your installation handles. Use addition	our-digit number nal sheets if nece	from 40 <i>CFR</i> Part 261 ssary	.32 for each listed h	nazardous waste from
13 14	15	16	17	18
				_
19 20	21	22	23	24
25 26	27	28	29	30
C. Commercial Chemical Product Hazardous Wastes. Er your installation handles which may be a hazardous wa	nter the four-digit aste. Use addition	number from 40 CFR	Part 261.33 for eac	h chemical substance
31 32	33	34	35	36
37 38	39	40	41	42
43 44	45	46	47	48
D. Listed Infectious Wastes. Enter the four-digit number	from 40 CEP Port	261.24 for soon hose		
pitals, or medical and research laboratories your install	lation handles. Us	se additional sheets if	necessary.	ospitais, veterinary nos-
49 50	51 	52	53	54
E. Characteristics of Nonlisted Hazardous Wastes. Mark your installation handles. (See 40 CFR Parts 261.21 —	('X' in the boxes 261.24)	corresponding to the c	haracteristics of no	nlisted hazardous wastes
☐ 1. Ignitable ☐ 2. Corn (D001)		☐ 3. React	Proposition for the second of the second of the second of the second	4. Toxic (D000)
XI. Certification				
I certify under penalty of law that I have per this and all attached documents, and that b obtaining the information, I believe that the s	ased on my ir submitted info	nquiry of those inc rmation is true, ac	dividuals immed curate, and com	iately responsible for plete. I am aware that
there are significant penalties for submitting Signature	Provincial de la company d La company de la company d	idon, including (ni ial Title (type or print)	-	Date Signed
				Ü

SEPA Notification of Hazardous Waste Activity	Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation)
For Official Use Only	and Recovery Act).
NON-NOTIFIER Comments	2 4 100
C NOW-NOTIFIER	2 9 30L 1886
Installation's EPA ID Number Approved (yr. mo.	ed ay)
FOHD981090418TAC	63
I. Name of Installation	
AMERICAN STZEL FOUNDRI	٤ ا
II. Installation Mailing Address	
C Street or P.O. Box	Love, Some Property and the
3 1001 EAST BROADWAY	
C A C C City or Town	State ZIP Code
4 A C C I A N C E	0444601
Street or Route Number	
5 S A M F	
City or Town	
6	State ZIP Code
V. Installation Contact	
Name and Title (last, first, and job title) Phone	Number (area code and number)
2 DIXON C.R. MANAGER211	68236150
A. Name of Installation's Legal Owner	
C A M S 0	B. Type of Ownership (enter code)
/I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instr	
B. Used Oil	Fuel Activities
1a. Generator 1b. Less than 1,000 kg/mo. 2. Transporter 1b. Less than 1,000 kg/mo. (enter 'X' and mark appropri	uel
3. Treater/Storer/Disposer	
□ 4. Underground Injection	
(enter 'X' and mark appropriate boxes below)	
b. Other Marketer Who First Claims the Oil Me	Marketer (or On site Burner) ets the Specification
☐ c. Burner II. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate thich hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definition of the combustion of the comb	
	te type of combustion device(s) in bustion devices.)
II. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)	ustrial Furnace
□ A. Air □ B. Rail □ C. Highway □ D. Water □ E. Other (specify)	
K. First or Subsequent Notification	K 15
ark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous otification. If this is not your first notification, enter your installation's EPA ID Number in the space provided by	waste activity or a subsequent
C. L.	Delow. Station's EPA ID Number 1/24/46 H
A. First Notification B. Subsequent Notification (complete item C)	SUCIT S EFA ID Number 1/21/10 /
PA F	